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(THU) 9.15'05 13:14/ST. 13:13/NO. 4861050946 P

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## FAX COVER LETTER

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TO: Examiner Robert G. Santos

Group Art Unit 3673

FROM: Christopher R. Carroll USER ID:8033

DATE: September 15, 2005

FAX NO.: 571-273-2885

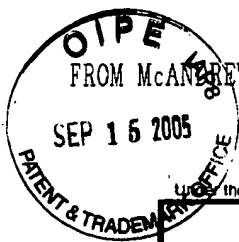
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FROM McANDREWS, HELD, &amp; MALLOY

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM	
Application Number	10/065,866
Filing Date	November 26, 2002
First Named Inventor	Muthuvelan Varadharajulu
Art Unit	3673
Examiner Name	Robert G. Santos
Attorney Docket Number	129716 (14060US01)
Total Number of Pages in This Submission	4

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return-Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement with FORM PTO 08A	<input type="checkbox"/> CD Number of CD(s) _____	COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCE
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	McAndrews Held & Malloy, Ltd.
Signature	<i>Christopher R. Carroll</i>
Printed Name	Christopher R. Carroll
Date	September 15, 2005

## CERTIFICATE OF FAX TRANSMITTAL

I hereby certify that this correspondence is being sent via facsimile to 571-273-2885 - Art Unit 3673 - Attn: Examiner Robert G. Santos at the United States Patent and Trademark Office on September 15, 2005.

Name (Print/type)	Christopher R. Carroll	Registration No. (Attorney/Agent)	52,700
Signature	<i>Christopher R. Carroll</i>	Date	September 15, 2005



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Re the Application of:

Muthuvelan Varadharajulu,  
Rajagopal Narayanasamy,  
Baskar Somasundaram and  
Shaji Alakkat

Application No.: 10/065,866

Filed: November 26, 2002

For: Grouted Tilting Patient  
Positioning Table for Vascular  
Applications

Examiner: Robert G. Santos

Group Art Unit: 3673

Attorney Docket No.: 129716  
(14060US01)

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*Christopher R. Carroll*

*Christopher R. Carroll*  
Signature

**COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCE**

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Examiner Santos:

The Applicant respectfully requests that the following Comments on the reasons for allowance be added to the file.